between donepezil and rivastigmine; two cholinesterase inhibitors used for the symptomatic treatment of patients with Alzheimer's disease (AD). **METHODS:** This retrospective database analysis, utilizing data from a national Pharmacy Benefit Management company, considered prescription claims data collected from January 1, 2000 through March 31, 2002. All patients had no previous evidence of AD treatment for six months prior to the index date (defined as the date of the first prescription for either donepezil or rivastigmine), and all patients were followed for nine months post-index date. Donepezil and rivastigmine patients were required to have at least one prescription of either donepezil or rivastigmine treatment. **RESULTS:** Data from 6635 patients were analyzed. The donepezil population comprised 6071 patients with a mean age of 77.8 years, and the rivastigmine population comprised 564 patients with a mean age of 78.0 years. There was no significant difference in the gender distribution between the donepezil and rivastigmine groups. The mean duration of therapy was 170.3 days for donepezil patients, compared with 75.2 days for rivastigmine patients ($P < 0.001$). Furthermore, 60% of rivastigmine patients discontinued therapy in the first 31 days of treatment, compared with 20% of donepezil patients in the same treatment period ($P < 0.0001$). At the end of the 9-month study, more donepezil patients remained on therapy (38%) than rivastigmine patients (8%) ($P < 0.0001$). **CONCLUSION:** The majority of rivastigmine patients discontinued treatment within one month, while over one-third of donepezil patients remained on therapy for at least nine months. This study suggests that patients are better able to maintain persistent treatment with donepezil than rivastigmine.

PNP26

VALIDATING THE FACTOR STRUCTURE OF THE DISQ-24 USING STRUCTURAL EQUATION MODELING

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OBJECTIVE: The objective of this analysis was to evaluate the psychometric properties of the 24 Hour Headache Disability Questionnaire (Disq-24) using confirmatory factor analysis. Disq24 is a 14-item questionnaire with a 6-point Likert-type scale that measures disability in the 24 hours following onset of headache pain. **METHODS:** We utilized data from an acute migraine treatment clinical trial in which the Disq-24 was administered 24-hours after onset of headache pain ($N = 323$). The Disq24 was originally hypothesized to measure the impact of headache on Family/Social Activities, Work Activities and Emotions/Feelings. It is uncertain whether the Family/Social/Work Activities domain should be combined to a single factor. We tested the hypotheses by estimating 2-factor and 3-factor confirmatory factor-analytic models using maximum likelihood fitting function in AMOS Version 4.0. To assess data fit, we used the chi-square test and fit indices including Tucker-Lewis Index (TLI), Incremental Fit Index (IFI) and Root Mean Square Error of Approximation (RMSEA). **RESULTS:** The chi-square statistic indicated that the 2-factor model had a poor fit. ($p = 0.000$). However given the sensitivity of this test to sample size, the other fit indices TLI (0.923), IFI (0.936) and RMSEA (0.107) indicated a reasonably good fit. Item 8 (0.434) and Item 10 (0.449) had low squared multiple correlations, indicating only a small proportion of variance in these items was explained by this model. Data fit improved marginally in the 3-factor model but correlation between the Work and Social Factor was 0.943 indicating that both were driven by a single factor. Deleting Items 8 and 10 resulted in a model with TLI (0.947), IFI (0.958) and RMSEA (0.098) indicating a significant improvement in fit. **CONCLUSIONS:** Results from CFA suggested better data fit with a 2-factor structure. The psychometric properties of the instrument can be improved by revising/deleting Items 8 and 10.

PNP27

ASSESSING BEHAVIORAL FUNCTIONING IN ALZHEIMER'S DISEASE: BENCHMARKING WITH THE BEHAVE-AD-FW

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OBJECTIVES: Understanding rating scale properties is essential in using instruments to determine clinically important differences associated with disease treatments and determining their value. This study seeks to determine whether the Behavior Pathology in Alzheimer's Disease Frequency Weighted Severity Scale (BEHAVE-AD-FW) measures symptoms of dementia distinct from cognitive function. **METHODS:** Baseline data on 215 outpatients with probable AD in a randomized, double-blind, placebo-controlled clinical trial. Higher scores on the BEHAVE-AD-FW total score and category scores (paranoid/delusions; hallucinations; activity disturbance; aggression; diurnal rhythm variation; affective disturbance; anxieties/phobia) indicate more pathological behavior. Pearson correlations were used to correlate the BEHAVE-AD-FW (total score and category scores) with cognitive function as measured by the Alzheimer's Disease Assessment Scale—cognitive subscale (ADAS-cog) and Mini Mental State Exam (MMSE). **RESULTS:** Mean age was 75.12 years and the percentage female was 57.94%. At baseline, the mean (standard deviation, sd) scores of cognitive function reflected a population with mild AD: ADAS-cog, 21.88 (8.65;), MMSE, 19.77 (3.67). The BEHAVE-AD-FW total score range was 0 to 25; its mean (sd) and median were 4.10 (4.68) and 3. Seven sub-scales of BEHAVE-AD-FW display significant levels of symptoms ($p < 0.005$). Although statistically significant and in the expected direction, the magnitude of the correlations of the total score of the BEHAVE-AD-FW with ADAS-Cog ($r = 0.22$) and MMSE ($r = -0.19$), was relatively low.